

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90005 003 \*\*\*158.75

**DOCUMENT # P98000007565**

1. Entity Name

**COMEK FINANCIAL GROUP, INC.**

Principal Place of Business

Mailing Address

3623 SOUTH DIXIE HWY  
 2ND FLOOR  
 W. PALM BEACH FL 33405

234 SUSSEX CIRCLE  
 JUPITER FL 33458-8116

2. Principal Place of Business

**9123 N. MILITARY TRL**

3. Mailing Address

**9123 N. MILITARY TRL**

Suite, Apt. #, etc.

**SUITE 214**

Suite, Apt. #, etc.

**SUITE 214**

City & State

**PALM BEACH GARDENS FL**

City & State

**PALM BEACH GARDENS FL**

Zip

**33410**

Country

**USA**

Zip

**33410**

Country

**USA**

4. FEI Number

**65-0820385**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EKASALA, BRIAN S**  
**234 SUSSEX CIRCLE**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name

**EKASALA, BRIAN S.**

Street Address (P.O. Box Number is Not Acceptable)

**9123 N. MILITARY TRAIL**

**SUITE 214**

City

**PALM BEACH GARDENS FL**

Zip Code

**33410**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**43.00**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>EKASALA, BRIAN S</b>	
STREET ADDRESS	<b>234 SUSSEX CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EKASALA, VERONICA D.</b>	
STREET ADDRESS	<b>234 SUSSEX CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHRETTA JOY</b>	
STREET ADDRESS	<b>301 MONCEAUX ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33405</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-00**

DATE

**561-799-2587**

DAYTIME PHONE #

CR2E034 (9/99)